

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585134

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		1				
4		3				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	6					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	6					
31	1					
32	1					
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	30	←		←	←	←
TOTAL CLAIMS	34	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████